

URBAN-REACH:
An Urban Response to Enhance and Attain Child Health

FINAL REPORT

Submitted to:
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I. EXECUTIVE SUMMARY

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Time Period covered by this report:	October 1999 to January 2002

The extraordinary economic crisis, which has impacted Indonesia since 1998, has left millions of Indonesia's children suffering from malnutrition and absolute poverty. Estimates indicate that 38% of Indonesia's working population is unemployed with the hidden unemployment rate at 59% (Indonesia Central Bureau of Statistics, September 1998). The economic situation has seriously affected those living below the poverty line and those who have recently descended below it, creating a group of people called the "new poor." The latest data states that 48% of Indonesia's population or 95.8 million people live below the poverty line (Indonesia Central Bureau of Statistics, December 1998), many of which are the "new poor." Furthermore, in early 1998, UNICEF reported that 13% of children aged 0-5 years were wasting (UNICEF, April 1, 1998).

The World Health Organization and agencies like World Vision (WV) consider wasting rates above 10% as a serious public health risk. WV's enormous increase in Food for Work (FFW) projects in the country is a response to the massive increase in food insecurity and the rise in malnutrition rates caused by the crisis. Child intellectual development relies on stable nutrition, and without adequate food, there is likely to be a swath of similarly aged children with physical and intellectual deficiencies due to a few crucial years of inadequate nutrition. Children have suffered enormously from the crisis, and their plight continues to go under-reported in the face of the other manifestations of the crisis.

In response to these concerns, WV has strived to improve the nutritional security of Indonesia's most vulnerable urban populations through URBAN-REACH, an urban Response to Enhance and Attain Child Health. This project responded to the critical needs of vulnerable children aged 6-59 months who live in East Jakarta and Surabaya.

Program goal: Increase the nutritional security of children in Jakarta and Surabaya

Objective 1: Decrease the malnutrition rate among the target population

Activity 1.1: Identify severely and moderately malnourished 6-59 months old children through nutritional screening activities.

Accomplishment: During the program, World Vision has conducted nutritional screening activities on a total of 5,903 under-five (U5) children in East Jakarta and 7,989 U5 children in Surabaya. The table below documents the change in wasting and underweight children in both project sites over the life of the program.

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Area	Indicator	Baseline	Final
East Jakarta	Wasting prevalence (whz)	23.7 % (September 1999)	10.7 % (March 01)
	Underweight prevalence (waz)	47.7 % (September 1999)	32 % (March 01)
Surabaya	Wasting prevalence (whz)	8.15 % (May 2001)	6.1 % (February 02)
	Underweight prevalence (waz)	31.6 % (June 2000)	30.2 % (February 02)

Activity 1.2 : Distribute supplementary food (vitadele) to 6-59 month old children.

Accomplishment: Total 166,956 kgs of vitadele was distributed during the life of the program to total of 90,778 U5 children.

Objective 2: Improve the nutrition practices of the target population.

Activity 2.1: Promotion and training on nutrition (particularly food for children)

Accomplishment: During the program, 6060 mothers have benefited from World Vision health education sessions. Mothers attended the sessions when they brought their U5 children to community health centers, called posyandus, with various health issues. In addition, 1143 cadres also received the health training.

II. PROGRAM OVERVIEW

The growing malnutrition problem among U5 children is a result of the prolonged economic crisis, which first hit Indonesia in 1998 and has hinder the development and future prospects of thousands of Indonesian children. Based on the baseline survey conducted in September 1999 in 3 sub-districts of East Jakarta, the wasting prevalence figure reached 23.7 %. This elevated wasting rate indicated extensive malnutrition. In response to this situation, World Vision initiated the Urban REACH program, which targeted the vulnerable population in East Jakarta and Surabaya. As outlined in the initial proposal, the goal of the program was to ensure that the nutritional security of U5 children both in East Jakarta and Surabaya is increased.

In order to reach the goal of the program, WV not only distributed supplemental food (vitadele) to U5 children but also monitored the U5 nutritional status on monthly basis. In addition to these activities, WV also provided health education to mothers and other stakeholders to raise their awareness on nutrition practices.

The Urban REACH program was divided into 2 phases. The first phase began in November 1999 and continued through January 2001. The target population during this period was 6-24 months old children and the intervention covered 17 villages in East Jakarta and 17 villages in Surabaya. Officially, the program in Surabaya started on March 2000 due to the postponement of a special provision of the grant agreement. Urban REACH in Surabaya started its activities once the grant officer gave the approval of the vitadele origin and the eligibility of the commodity. The second phase of the project began in February 2001 and continued through January 2002. During this phase, the program only focused on Surabaya. Meanwhile, in East Jakarta, the activities continued under the Transitional Activities Program funded by USAID-FFP. During the second phase, the target population was children aged 6-59 living in 11 villages in Surabaya.

III. PROGRAM PERFORMANCE

3.1 Objective 1

The first objective of the program was to decrease the malnutrition rate among the target population. The two activities held to achieve this objective were to:

1. Identify severely and moderately malnourished U5 children through a nutritional screening activity
2. Distribute supplementary food (vitadele) to U5 children

3.1.1. Activity 1

During the first phase of the project, WV conducted nutritional screenings by taking weight and height measurements to only U2 children who received vitadele in posyandus. , the measurement was taken of all U5 children who visited the posyandu. The table below lists the target areas:

Table 1. First Phase Target Area

Area	Sub District	Village
East Jakarta	Makasar	Makasar
		Halim Perdana Kusuma
		Cipinang Melayu
		Kebon Pala
		Pinang Ranti
	Kramat Jati	Kramat Jati
		Batu Ampar
		Balekambang
		Kampung Tengah
		Dukuh
	Ciracas	Cawang
		Cililitan
		Ciracas
		Kampung Rambutan
		Susukan
		Kelapa Dua Wetan
		Cibubur
Surabaya	Benowo	Kandangan
		Sememi
	Genteng	Genteng
		Embong Kaliasin
		Kapasari
		Paneleh
	Sukolilo	Keputih
		Krembangan Selatan
		Dupak
		Kemayoran
	Tambaksari	Perak Barat
		Pacar Keling
		Tegal Sari
		Dr. Sutomo
		Kedungdoro
		Keputran
	Tegalsari	Wonorejo

Table 2. Extension Phase Target Area

Area	Sub District	Village
Surabaya	Benowo	Sememi
		Keputih
	Sukolilo	Nginden
		Krembangan Selatan
		Dupak
		Kemayoran
	Krembangan	Perak Barat
		Dr. Sutomo
		Gubeng
		Wonokromo
	Bubutan	Bubutan

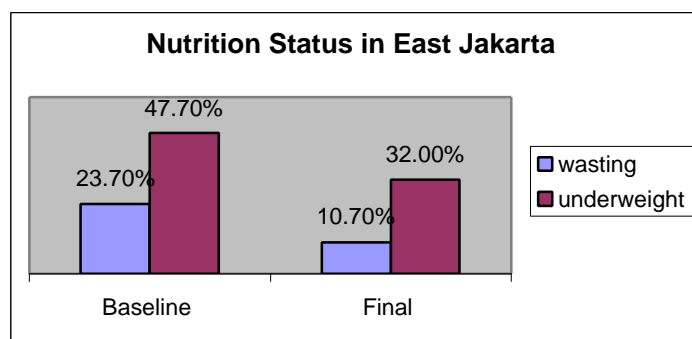
The nutritional screening activities conducted at total of 233 posyandus in East Jakarta and 275 posyandus in Surabaya. The average number of under-five children who visited the posyandu at the targeted East Jakarta posyandu was 6,913 children monthly. Meanwhile, in Surabaya, the average attendance rate reached 6,662 children monthly.

WV analyzed the nutritional status of the children by using the WHO standard (weight per age/WAZ and weight per height/WHZ) and identified the children in 3 (three) categories:

	<u>Z-Score</u>	<u>Status</u>
1.	$Z > -2$	Normal-mild
2.	$-2 \leq Z < -3$	Moderately malnourished
3.	$Z \leq -3$	Severe malnourished

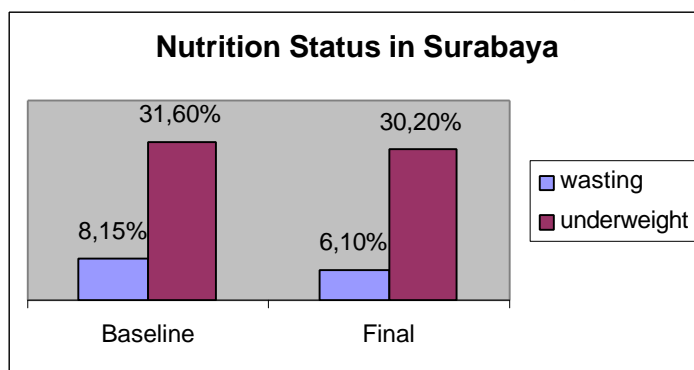
Graphics 1 and 2 illustrate the nutrition status based on baseline and final survey results in both areas.

Graphic 1. Nutrition status of U5 children in East Jakarta



A baseline survey conducted in September 1999 and the final survey conducted in March 2001 in 8 villages of three sub-districts in East Jakarta municipality. The prevalence of wasting and underweight of U5 children was 13 and 15.7 percentage points lower at the final than at the baseline respectively. The present findings show that there was significant improvement on the nutrition status of U5 children.

Graphic 2. Nutrition status of U5 children in Surabaya



In Surabaya, there was no baseline survey conducted at the beginning of the program. Therefore, the baseline data on underweight and wasting prevalence were taken from monthly nutritional screening weight for age/height measurements. The baseline data on underweight prevalence were taken from the June 2000 measurement. The wasting prevalence was taken from the May 2001 measurement. The final survey was held in February 2002 in eleven villages of seven sub-districts in Surabaya municipality. The prevalence of wasting of U5 children was 2.05% lower at final than at baseline. Meanwhile, the prevalence of underweight children was 1.4 percentage points lower at final than baseline. There was no significant improvement of nutrition status of U5 children gained during the intervention.

3.1.2. Activity 2

A total of 166,956 MT of vitadele distributed in East Jakarta and Surabaya during the program. The following table shows the results of distribution activity.

Table 3. Vitadele Distribution

Area	Distribution Period	Total # beneficiaries	# vitadele distributed
East Jakarta	February 2000 – March 2001	28,382	43,420.50 kgs
Surabaya	April 2000 – January 2002	67,396	123,535.50 kgs
	Total	90,778	166.956 kgs

3.2 Objective 2

The second objective of the program was to improve the nutrition practices of the target population by conducting nutritional promotion and training. During the life of the program, World Vision conducted a series of health promotion sessions to mothers as well as to posyandu (community health center) health cadres. Following is the accomplishment of the activity. The table below documents the kinds of trainings provided in project areas, including the number of participants and the types of materials used.

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Table 5. Health Promotion and Training Activity

Area	Type of training	# participants	Training materials
East Jakarta	Training for Posyandu cadres	528 cadres	<ul style="list-style-type: none"> - Health Information System - Child's Health Monitoring System - Malnutrition - Supplementary Feeding - Exclusive Breastfeeding - Vitamin A - Diarrhea - Dengue Hemorrhagic Fever
	Health Promotion for mothers	3,356 mothers	<ul style="list-style-type: none"> - Vitamin A - Exclusive Breastfeeding - Dengue Hemorrhagic Fever - Immunization - Malnutrition - Supplementary Feeding - Diarrhea - Family Planning
Surabaya	Training for Posyandu cadres	615 cadres	<ul style="list-style-type: none"> - Child's Health Monitoring System - Immunization - Exclusive Breastfeeding - Complementary Feeding - Diarrhea - Vitamin A - Anemia - Iodine - Acute Respiratory Infection - HIV / AIDS
	Health Promotion for mothers	2704 mothers	<ul style="list-style-type: none"> - Vitamin A - Immunization - Exclusive Breastfeeding - Supplementary Feeding - Child's Health Monitoring System - Diarrhea - Acute Respiratory Infection

Annex 1. Commodity Report



"Consolidated-UR
Jkt-Final.xls"



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Sby-final.xls"

Annex 2. Finance Report

[Resam.prn](#)

[Resat2.prn](#)

Annex 3. Photo Documentation



"UR
Documentation.doc"

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Annex. 3 Documentation on Urban REACH program activities



Weight and Height Measurement of U5 Children



Posyandu Cadres Training



Healthy Baby Contest Activity



Activities in Posyandu : Measurement and Supplement Feeding



Health Promotion to Mothers



Radio Talkshow Program



One Day Workshop on Sharing Project Information